

PT Rules/ECI Crosswalk

This document is a collaboration between the Texas Board of Physical Therapy Examiners, staff at the Health and Human Services Commission (HHSC) Early Childhood Intervention (ECI) state office, and Physical Therapists (PTs) who work in the ECI setting. It addresses terminology, procedures, and documentation; and provides a “crosswalk” for the compliance requirements of the rules governing both the PT field and ECI.

| DEFINITIONS COMPARISON | |
|--|--|
| <p><u>PT Rules Definitions</u></p> <p>Evaluation - A dynamic process in which the physical therapist makes clinical judgments based on data gathered during the examination. PT Rule §321.1 (8)</p> <p>Examination - A comprehensive screening and specific testing process leading to diagnostic classification or, as appropriate, to a referral to another practitioner. The examination has three components: the patient/client history, the systems review, and tests and measures. PT Rule §321.1 (10)</p> | <p><u>ECI Definitions</u></p> <p>Evaluation: The procedures used by qualified personnel to determine a child's initial and continuing eligibility for early childhood intervention services that comply with the requirements described in 34 CFR §303.21 and §303.321. ECI Rule §350.103 (17)</p> |
| <p>The PT Board does not define the term “assessment,” using only the terms evaluation and reevaluation for the processes a PT goes through initially and when required to reevaluate a patient’s conditions and plan of care.</p> | <p>Assessment: The ongoing procedures used by appropriate qualified personnel throughout the period of a child's eligibility for early childhood intervention (ECI) services to assess the child's individual strengths and needs and determine the appropriate services to meet those needs. 34 CFR §303.321(a)(2)(ii), ECI Rule §350.103(1)</p> <p>When the PT “assesses” according to ECI terminology, the PT will determine if the child/family contact meets guidelines and requirements for an evaluation/re-evaluation as required by their board and billing.</p> |
| <p>Supervision: The delegation and continuing direction by a person or persons responsible for the practice of physical therapist, physical therapist assistant, or physical therapy aide as specified in the Physical Therapy Practice Act. PT Rule §321.1 (16)</p> | <p>ECI does not define supervision.</p> |

PT Rules/ECI Crosswalk

| | |
|---|--|
| <p>Telehealth: The use of telecommunications or information technology to provide physical therapy services to a patient who is physically located at a site in Texas other than the site where the physical therapist or physical therapist assistant is located, whether or not in Texas.</p> <p>PT Rule §322.5 (a)</p> | <p>Telehealth services: Healthcare services, other than telemedicine medical services, delivered by a health professional licensed, certified, or otherwise entitled to practice in Texas and acting within the scope of the health professional's license, certification, or entitlement to a patient who is located at a different physical location than the health professional using telecommunications or information technology.</p> <p>ECI Rule §350.103(41)</p> |
| <p>PT Rules do not define a LPHA</p> | <p>Licensed Practitioner of the Healing Arts (LPHA) is one of the listed licensed professionals who is an employee or a subcontractor of an ECI contractor.</p> <p>ECI Rule §350.103(27)</p> <p>A PT meets the definition as an LPHA, but a physical therapist assistant (PTA) cannot be an LPHA.</p> |

| Physical Therapy Rules | ECI Rules/Requirements | PT Rules/ECI Compliance |
|--|--|---|
| <p><u>Referral</u></p> <p>Referral required from qualified healthcare practitioner.</p> <p>PT Rule §322.1 (a)(1)</p> <p>Methods of referral include:</p> <ol style="list-style-type: none"> 1. in a written document, including faxed and emailed documents; or 2. verbally, in person or by telephone. <p>PT Rule §322.1 (a)(3)</p> <p>Types of ECI services which require a referral from a qualified licensed healthcare practitioner</p> <ol style="list-style-type: none"> 1. the provision of individualized specially | <p><u>Referral</u></p> <p>A referral is required when a PT or PTA will provide direct services to a child enrolled in ECI.</p> <p>A PT may evaluate a child as a part of the interdisciplinary team to determine eligibility for ECI services, or to determine the need for PT services apart from eligibility (discipline- specific evaluation), without a referral.</p> <p>When a PT is acting as the LPHA of the IFSP team, but not providing direct services, a referral is not required.</p> | <p><u>Referral</u></p> <p>A PT evaluation, re-evaluation, or seating assessment may be performed without an order from a referring provider as allowed by PT Rule §322.1(a)(2)(A).</p> <p>Anyone can refer to ECI to determine eligibility for services. A referral from a qualified healthcare practitioner for PT services is synonymous with a prescription or order.</p> <p>Physical therapy treatment services require orders from a referring provider once a year.</p> |

PT Rules/ECI Crosswalk

| | | |
|---|---|---|
| <p>designed instructions, direct physical modeling or hands-on demonstration of activities with a child who has been determined eligible to receive physical therapy.</p> <p>2. services that include the direct provision of treatment and/or activities which are of such a nature that they are only conducted with the child by a physical therapist or physical therapist assistant.</p> <p>PT Rule §346.3 (c)</p> <p>Exceptions to referral requirement</p> <ol style="list-style-type: none"> 1. Evaluate w/o referral 2. Treatment w/o referral <ul style="list-style-type: none"> • Qualified PTs only • Up to 10 or 15 consecutive business days depending on PT's qualifications <p>PT Rule §322.1 (a)(2)</p> | | <p>Order does not require frequency or duration.</p> <p>PT may complete an initial evaluation and participate in developing the IFSP without a prescription/referral. In addition, if the PT is acting as the LPHA and not providing direct services to the child a prescription/referral is not required.</p> <p>Requirement for a referral could be payer source dependent.</p> |
| <p><u>Evaluation, Screening, Reevaluation</u></p> <p>In the provision of early childhood services through the Early Childhood Intervention (ECI) program, the physical therapist conducts appropriate screenings, evaluations, and assessments to determine needed services to fulfill family-centered goals.</p> <p>When a child is determined by the PT to be eligible for physical therapy, the PT provides written recommendations to the Interdisciplinary Team as to the amount of specific</p> | <p><u>Evaluation, Screening, Reevaluation</u></p> <p>The term "Evaluation" means the procedures used to determine a child's initial and continuing eligibility for ECI services. "Assessment" refers to procedures used to identify the child's unique strengths and needs and the ECI services appropriate to meet those needs, as well as assessment of the family's resources, priorities, and concerns.</p> <p>PTs are expected to participate in evaluation and assessment, as members of the interdisciplinary team whenever appropriate and</p> | <p><u>Evaluation, Screening, Reevaluation</u></p> <p>PT evaluation is conducted when the PT is part of the Interdisciplinary Team, whether for initial eligibility determination or when a discipline specific evaluation is requested. The PT can use an evaluation report or progress note to document initial evaluation and reevaluation, including the plan of care, as required by PT rules. If the PT was not part of the team that determined eligibility, but is requested to be on the child's IFSP team, they review and sign the IFSP indicating their</p> |

PT Rules/ECI Crosswalk

| | | |
|---|---|---|
| <p>services needed by the child.</p> <p>Evaluation/reevaluation conducted in accordance with the Early Intervention Program for Infants and Toddlers with Disabilities, 34 CFR Subtitle B, Chapter III, Part 303.321.</p> <p>Reevaluation must include direct physical therapist-to-child interaction. PT Rule §346.3 (e)</p> | <p>possible.</p> <p>When the PT assesses according to ECI terminology, the PT will determine if the child/family contact meets guidelines and requirements for an evaluation/re-evaluation as required by their board and billing.</p> | <p>inclusion on the team. The PT must conduct an evaluation prior to providing services, and only a PT can determine whether PT services are warranted and added to the IFSP.</p> <p>Reevaluation/reexamination can be performed by the PT via telehealth.</p> |
| <p><u>Plan of care (POC) development and implementation</u></p> <p>A written plan of care must be developed for each patient by a PT</p> <p>The plan of care must be updated following the periodic reevaluation of the patient's condition.</p> <p>The plan of care or treatment goals may only be changed or modified by a PT. PT Rule §322.1 (c)</p> <p>Subject to the provisions of PT Rules 322.1 (relating to Provision of Services), the PT implements physical therapy services in accordance with the recommendations accepted by the Interdisciplinary Team as stated in the Individual Family Service Plan (IFSP). PT Rule §346.3 (b)</p> <p>The Plan of Care (Individual Family Service Plan) must be reviewed by the PT at least every 60 days, or concurrent with every visit if the child is seen at intervals greater than</p> | <p><u>Plan of care (POC) development and implementation</u></p> <p>Needs, goals, and procedures/activities are written in "family centered" language and documented in the IFSP.</p> <p>IFSP services page is signed by the team, including members who participated in the assessment or the IFSP, and/or who will provide services. Signature on the IFSP services pages indicates that the signing professional is a member of the child's IFSP team and agrees with the plan. The IFSP can be changed with approval from the entire interdisciplinary team, which includes the family.</p> <p>Any member of the IFSP team can develop or modify goals with the family as new needs are identified. Changes to goals must be attached to the IFSP. ECI Rules §350.1015</p> | <p><u>Plan of care (POC) development and implementation</u></p> <p>The PT plan of care should be documented in a PT evaluation report or progress note and contains specifics about PT treatment leading to functional goals as part of the IFSP. The terminology may be in "family- centered" terms and does not have to reflect medical terminology.</p> <p>PT makes recommendations within their plan of care on the evaluation that states the frequency and duration of treatment, which may or may not mirror the frequency and duration recommended by the team and family on the service grid. If the frequency and duration differ from that recommended by the IFSP team, the team must re-convene to discuss the recommendation, and determine if the entire team agrees.</p> <p>PT is responsible for implementation and supervision of physical therapy services.</p> |

PT Rules/ECI Crosswalk

| | | |
|---|--|---|
| <p>60 days, prior to continuation of treatment by a PTA. Any modification or revision of physical therapy services identified during the review should be recommended to the Interdisciplinary Team. PT Rule §346.3 (e)</p> | | <p>When the PT is supervising a PTA, the 60-day review applies but does not need to be tied to a visit. A PTA cannot continue treatment until the 60-day review is performed by the PT.</p> <p>Any modification or revision of physical therapy services identified by the PT during the review should be recommended to the Interdisciplinary Team.</p> <p>Adding/modifying POC including goals is beyond PTA scope of practice.</p> |
| <p><u>Documentation of treatment</u></p> <p>At a minimum, documentation of physical therapy services must include the following:</p> <ol style="list-style-type: none"> 1. any referral authorizing treatment; 2. the initial examination and evaluation; 3. the plan of care; 4. documentation of each treatment session by the PT or PTA providing the services; 5. reevaluations as required by this section; 6. any conferences between the PT and PTA, as described in this section; and 7. the discharge summary. <p>PT Rule §322.1 (e)(1)</p> <p>The PTA must include the name of the supervising PT in his documentation of each treatment session. PT Rule §322.1 (e)(2)</p> | <p><u>Documentation of treatment</u></p> <p>The PT documents treatment in progress notes. A PT on a child's IFSP team can modify, add, or remove goals with parent input at any time. Documentation of changes to goals should be included in a progress note that explains the reason or rationale for the changes and must be documented on an IFSP goals page and attached to the IFSP. The child's IFSP team, including the service coordinator, should be notified when changes to goals occur. ECI Rules §350.1111</p> | <p><u>Documentation of treatment</u></p> <p>PT/PTA uses progress notes for documentation of treatment during service delivery visits.</p> <p>Adding/modifying POC including goals is beyond PTA scope of practice.</p> |

PT Rules/ECI Crosswalk

| | | |
|---|---|---|
| <p><u>Discharge (DC) Summary</u></p> <p>The PT must provide final documentation for discharge of a patient, including patient response to treatment at the time of discharge and any necessary follow-up plan. A PTA may participate in the discharge summary by providing subjective and objective patient information to the supervising physical therapist.</p> <p>PT Rule §322.1 (e)(4)</p> | <p><u>Discharge (DC) Summary</u></p> <p>A PT discharge summary is not required in ECI.</p> | <p><u>Discharge (DC) Summary</u></p> <p>Although a PT discharge summary is not required in ECI, the PT should follow their PT rules.</p> <p>The DC Summary should be included in the child's ECI record.</p> <p>The DC Summary does not have to be associated with a visit to reevaluate or reassess the child but can be based upon a chart review.</p> |
| <p><u>Supervision</u></p> <p>It is the responsibility of each PT and/or PTA to determine the number of PTAs and/or aides he or she can supervise safely.</p> <p>PT Rule §322.3 (a)</p> <p>Supervision of PTAs.</p> <ol style="list-style-type: none"> 1. A supervising PT is responsible for and will participate in the patient's care. 2. A supervising PT must be on call and readily available when physical therapy services are being provided by a PTA. 3. A PT may assign responsibilities to a PTA to provide physical therapy services, based on the PTA's training, that are within the scope of activities listed in §322.1, Provision of Services. 4. The supervising PT must hold documented conferences with the PTA regarding the patient. The PT is responsible for determining the frequency of the conferences | <p><u>Supervision</u></p> <p>ECI does not define supervision. However, in ECI Rule §350.501(c), physical therapy services must be provided by a licensed physical therapist who meets the requirements of 42 CFR §440.110(a) and all other applicable state and federal laws or a licensed physical therapy assistant (LPTA) when the assistant is acting under the direction of a licensed physical therapist in accordance with 42 CFR §440.110 and all other applicable state and federal laws.</p> | <p><u>Supervision</u></p> <p>PTs working in ECI should follow PT rules when providing supervision to PTAs.</p> <p>When the PT is supervising a PTA, the at least every 60-day review applies but does not need to be tied to a visit,</p> |

PT Rules/ECI Crosswalk

| | | |
|---|---|--|
| <p>consistent with accepted standards of practice. PT Rule §322.3 (b)</p> | | |
| <p><u>Telehealth</u></p> <p>Must be provided by a TX licensed PT/PTA or a licensee of another state who holds a Compact Privilege to practice in TX when child is physically located in TX</p> <p>PT/PTA is subject to same standard of care that would apply to the same service in an in-person setting.</p> <p>PT is responsible for determining whether an evaluation or intervention may be conducted via telehealth or must be conducted in an in-person setting</p> <p>Informed Consent must be obtained prior to the provision of telehealth services. PT Rule §322.5 (e)</p> | <p><u>Telehealth</u></p> <p>PT services in ECI may be provided via telehealth with written parental consent when the child is located in the state of Texas. ECI Rule §350.1104(b)(4) states that early childhood intervention services “may be provided via telehealth with the written consent of the parent. If the parent declines to consent to telehealth for some or all services, those services must be provided in person.”</p> <p>According to ECI Rule §350.1104 (b) (2) Services, as determined by the IFSP team, must be provided only to children who are located in the state of Texas at the time of service delivery with the exception of Family Education and Training as defined in ECI Rule §350.1105 (5)</p> | <p><u>Telehealth</u></p> <p>A PT/PTA may provide services via telehealth as determined by the interdisciplinary team and documented on the IFSP, with the parent's consent, only when the child is located in the state of Texas at the time of the visit.</p> <p>PTs must use clinical judgement and best practice guidelines that align with PT rules when determining whether an evaluation, assessment, or service delivery visit may be conducted via telehealth or must be conducted in an in-person setting.</p> |
| <p><u>Consultation</u></p> <p>The physical therapist may provide general consultation or other program services to address child/family-centered issues. PT Rule §346.3 (d)</p> | <p><u>Consultation</u></p> <p>The PT may provide general consultation as needed.</p> | <p><u>Consultation</u></p> <p>PT can provide general consultation to the family that addresses some family-centered issues without being considered physical therapy treatment.</p> <p>General consultation is not considered Family Education and Training as defined in ECI Rule §350.1105 (5).</p> |
| <p><u>Family Education and Training</u></p> <p>PT Rules do not address</p> | <p><u>Family Education and Training</u></p> <p>Family Education and</p> | <p><u>Family Education and Training</u></p> <p>Family Education and</p> |

PT Rules/ECI Crosswalk

| | | |
|---|--|--|
| <p>Family Education and Training</p> | <p>Training, per ECI Rule §350.1105 (5), is provided when the family needs information about general parenting techniques or environmental concerns. Information provided follows a specific scope and sequence. Information may be based on general childcare, developmental education, or other specific curriculum.</p> | <p>Training as defined in ECI Rule are not considered physical therapy services. If a PT is to provide Family Education and Training as defined in ECI Rule §350.1105 (5) this must be listed as a separate service on the IFSP to address identified needs and documented in a progress note.</p> <p>General consultation and case supervision are not considered Family Education and Training as defined in ECI Rule §350.1105 (5).</p> |
| <p><u>Licensed Practitioner of the Healing Arts (LPHA)</u></p> <p>PT Rules do not include responsibilities of a PT acting as an LPHA</p> | <p><u>Licensed Practitioner of the Healing Arts (LPHA)</u></p> <p>The responsibilities of an LPHA are described in ECI Rule §350.312. The LPHA: (a) provides necessary clinical knowledge for the IFSP team to plan and implement individualized, goal-oriented services within an interdisciplinary approach, (b) documents the child's progress towards IFSP goals, recommends to the team modifications to the plan as needed, and provides ongoing therapy services as planned on the IFSP. (c) signs the IFSP and in doing so acknowledges the planned services are reasonable and necessary and (d) provides ongoing monitoring and assessment of the IFSP, at least once every six months as part of the periodic review, to provide professional opinion as to the effectiveness of services.</p> | <p><u>Licensed Practitioner of the Healing Arts (LPHA)</u></p> <p>If the PT is acting as the LPHA to monitor the IFSP but not providing ongoing services, they must assess the child face-to-face within the previous 45 days of a Periodic Review (PR), which may be conducted virtually, to provide input about the child's progress and effectiveness of services. Observations and conclusions from the assessment must be shared with the child's service coordinator in advance of the meeting and can be documented</p> <p>Per this requirement, a PT who is supervising a PTA must, at a minimum, see each child on the PTA's caseload within 45 days prior to any PRs held for that child.</p> <p>The PT may assess the child on the same day as the Periodic Review as long as the assessment takes place</p> |

PT Rules/ECI Crosswalk

| | | |
|--|---|---|
| | <p>Responsibilities may include providing recommendations for formulating or discontinuing goals and/or services.</p> <p>As the LPHA, the PT is responsible for overseeing the child's IFSP and does not oversee or supervise other members of the IFSP team. In addition, according to ECI Rule §350.1017 (b)- Periodic Reviews, "If the team member is an LPHA is who is not providing ongoing services to the child, he or she must have assessed the child face-to-face within the previous 45 days." before a periodic review of the IFSP.</p> | <p>prior to the PR.</p> <p>The PT acting as the LPHA may recommend an evaluation by another discipline be conducted to determine the need for additional services, and may make recommendations for discontinuation of goals and/or services. However, discontinuation of goals or discharge from any service listed on the IFSP must be discussed with and agreed upon by the child's IFSP team, including the provider of that service and the child's parent.</p> <p>A PR must be conducted to remove or add a service to the IFSP, and the child's IFSP team, including the parent, must agree to the change.</p> |
| <p><u>Statutes/Rules References</u></p> <p>Texas Administrative Code (TAC):</p> <ul style="list-style-type: none"> Title 22, Part 16, Texas Board of Physical Therapy Examiners (PT Rules) | <p><u>Statutes/Rules References</u></p> <p>Texas Administrative Code (TAC):</p> <ul style="list-style-type: none"> Title 26, Part 1, Chapter 350, Early Childhood Intervention Services (ECI Rules) <p>Code of Federal Regulations (CFR):</p> <ul style="list-style-type: none"> Title 34, Subtitle B, Chapter III, Part 303 Early Intervention Program for Infants and Toddlers with Disabilities | |

PT Rules/ECI Crosswalk

Acknowledgements

Formation of the Early Childhood Intervention (ECI) Work Group was authorized by the Texas Board of Physical Therapy Examiners (PT Board) in April 2022 and was tasked with reviewing and updating the PT Rules/ECI Crosswalk that was developed in 2006. The Work Group began researching federal and state statutes and rules pertaining to ECI and updating the original crosswalk accordingly in July 2022. The final updated version of the PT Rules/ECI Crosswalk was approved by the PT Board in July 2023.

Acknowledgement and appreciation are extended to the following ECI Work Group members for their contributions to the crosswalk of PT licensure rules and ECI setting requirements:

Heather Andrews, PT

Easter Seals ECI - San Antonio, TX

Carol Baisdon, OTR

Lead Quality Assurance Therapist Consultant
Early Childhood Intervention
Texas Health & Human Services

Pansy Boldeau, PT

Physical Therapy Contractor

Gretchen Cooper, PT

ECI Program Manager
My Health My Resources of Tarrant County

Melissa Skillern, PT, DPT

Easter Seals of Greater Houston ECI
Member – Texas Board of Physical Therapy Examiners
Chair – PT Board Rules & Practice Committee

Shari Waldie, PT

Department of Assistive and Rehabilitative Services (DARS) Representative for Original Crosswalk
Former Board Member - Texas Board of Physical Therapy Examiners

Karen Gordon, PT

PT Coordinator – Texas Board of Physical Therapy Examiners
Former Board Member/Chair - Texas Board of Physical Therapy Examiners
PT Board Representative for Original Crosswalk